



Making a Difference . . .

Unique Needs of Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Youth

ISSUE IN BRIEF

Studies suggest that pregnancy among lesbian and bisexual adolescents may be up to twice as high as heterosexual teens.(1) In addition, non-heterosexual youth are more likely than heterosexual youth to have had sexual intercourse, to have had more partners, and to have experienced sexual intercourse against their will, putting them at increased risk of sexually transmitted infections (STI) including HIV.(2) While some gains have been made regarding knowledge and attitudes about LGBTQ youth, there remain many disparities in access to both education and services that adversely affect the health and well-being of these youth.

LGBTQ individuals comprise a diversity of experiences, issues and needs. Although each group has a unique culture and history, their experiences are similar enough to merit our addressing LGBTQ individuals as a whole within the context of this position statement. Some of the research cited in this document only includes subsections of this population so, where appropriate, only some of the groups will be referred to (for instance, LGB or LGBT, as opposed to LGBTQ).

Putting Healthy Teen Network's Advocacy Resource Guides to Work

You can use Healthy Teen Network's Advocacy Resource Guides to:

1. Urge local and state policymakers to address issues that are important to the health and success of today's youth.
2. Educate school administrators or health care officials about unique issues facing adolescents.
3. Engage with the media (e.g., in a letter to the editor or an interview) using effective language to frame an issue facing youth.
4. Present to funders on why they should invest in your work with or on behalf of youth.
5. Connect to more information on youth issues and other organizations advocating for youth.

BACKGROUND INFORMATION

The Concern

Unfortunately, it is hard to find positive messages for or about LGBTQ youth in the U.S. today. These adolescents are often invisible, particularly in sexuality education curricula and messages delivered in schools and community-based settings. For instance, the federal government's growing emphasis on and funding of programs to teach "abstinence-only until marriage" reinforces heterosexism by specifying marriage as the expected endpoint of sexual abstinence, and by implying that sex refers exclusively to penile-vaginal intercourse.(3)

"The 'heterocentric' approach of many adults and most sexuality materials in the U.S. neither recognize LGBTQ youth nor address any of their unique concerns."

The "heterocentric" approach of many adults and most sexuality materials in the U.S. neither recognize LGBTQ youth nor address any of their unique concerns. For example, if homosexuality is addressed by an adult, it is done so only in passing, usually within the context of a negative health concern, such as HIV risk (4), or in a way that addresses homosexuality negatively.(5) Sexual orientation or "homosexuality" is among the three most likely topics to be excluded from a sexual education course, along with abortion and how to use condoms.(6) Other data shows that teachers who do address sexual orientation issues often do so under the proverbial radar, rather than have it officially appear as part of a given program.(7) As a result, less than half of health teachers "formally teach" about these issues. (8)

When teens broach the subject on their own, more problems may arise. Gay teens in U.S. schools are often subjected to such intense bullying from other students that they are unable to receive an adequate education. (9, 10) Teenagers who identify as LGB – or who are perceived to be LGB regardless of their actual identity – face ongoing discrimination, harassment and violence in school and their communities.(11, 12, 13, 14)

Prevalence

Data from several studies conducted from 1990 through 2002 have shown that the population of LGBTQ adolescents ages 13-18 in the United States is approximately 689,000 or 5 percent of the total population of that age group. (15, 16, 17, 18) This figure is a conservative estimate that is the product of various surveys asking youth to report both their identification and same-sex attraction. It is unlikely that researchers will ever be able to provide a definitive count of LGBTQ adolescents. In part, this is due to the probability of some youth being unaware of their gender identity and/or sexual orientation while others may underreport incidences of same-sex attraction because they feel insecurity, guilt and/or shame about their orientation.(19)

The daily stress that comes with existence for LGBTQ adolescents should not be ignored, nor should the atmosphere of ignorance cultivated by strictly "heterocentric" sex education. Fifty-six percent of transgender students report being harassed about their gender, gender expression and/or sexual orientation and 33 percent recount being physically assaulted.(20) Similarly, more than 90 percent of youth report hearing homophobic remarks in their school frequently or often – remarks such as "fag" or "dyke" used in a derogatory manner or use of the word "gay" to mean something that is considered bad or valueless, as in "that's so gay," just as one might use the words "dumb" or "stupid".

Despite high dropout rates and harassment of LGBTQ students, few educators support teaching about homosexuality.(21) This is unfortunate and dangerous because non-heterosexual youth are more likely to have had sexual intercourse, to have had more partners, and to have experienced sexual intercourse against their will than heterosexual adolescents, putting them at increased risk of STIs including HIV.(21) Lesbian and bisexual teens are also more likely to engage in frequent intercourse – 22 percent versus 15-17 percent of heterosexual or unsure teens. (1) Additionally, pregnancy among lesbian and bisexual adolescents is twice as high as heterosexual teens.(1)

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Impact on Behavior

The impact on a LGBTQ youth's access to relevant sexual education is significant. LG teens say they feel uninformed and alienated by sex education classes many of which promote "abstinence-only until marriage." (22) For this, and many other reasons, LGBTQ youth are at a higher risk for many unhealthy behaviors. Studies indicate that non-heterosexual youth are at higher risk of dropping out of school, being kicked out of their homes and turning to life on the streets for survival. If not physically kicked out of their homes, psychological damage can still be inflicted through mistreatment or emotional manipulation- i.e. being made the focus of the family's dysfunction. (22)

If their environment is critical of their emerging sexual orientation, LGB adolescents may experience profound isolation and fear of discovery, which interferes with achieving many developmental tasks of adolescence related to self-esteem, identity and intimacy.(23) Consequently, many LGBTQ youth are at higher risk for suicide, self-mutilating behavior and substance abuse because of the ridicule and harassment they face. (24, 25, 26, 27, 28, 29, 30) Thus, gay and lesbian teens are likely to exhibit numerous emotional problems as 'a direct result of the hatred and prejudice that surround them', not because of their inherently gay or lesbian identity orientation.(31)

ACTION RECOMMENDATIONS

Healthy Teen Network (HTN) makes the following recommendations in order to increase awareness about, education for and healthy behaviors among LGBTQ youth. We strongly urge the creation of support services and funding that promote positive programs and policies, as well as safe environments, for LGBTQ youth.

Awareness

- ✓ HTN recommends and encourages widespread efforts to increase awareness about the needs of LGBTQ youth, and, more specifically, the:
 - Biological, developmental, psychological and social concerns and challenges of LGBTQ youth.
 - Unique sexual and reproductive needs of LGBTQ youth.

Education

- ✓ HTN recommends and encourages developmentally- and age-appropriate comprehensive sexuality education efforts that support positive sexuality, reproductive health and skills development among LGBTQ youth by:
 - Integrating positive content about sexual orientation and gender identity into existing sexuality education curricula.
 - Addressing LGBTQ sexual and reproductive health behaviors, concerns and risks.
 - Eliminating the adoption and use of "abstinence-only-until-marriage" (AOUM) curricula. By definition, AOUM excludes many LGBTQ individuals because they are not allowed to marry in most communities. More specifically, AOUM programs do not recognize relationships between partners of the same sex outside of the context of HIV risk discussions. Thus, promoting AOUM further marginalizes this population of youth who may never marry.
- ✓ HTN recommends and encourages efforts to increase education of all educators, service providers, parents and children:
 - About sexual orientation and gender identity, to increase knowledge about LGBTQ experiences and to promote acceptance of sexual diversity.
 - On the effects of harassment and how to identify and respond to it appropriately and sufficiently.

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Support Systems

- ✓ HTN recommends increasing services and support systems for LGBTQ youth and their families that provide a safe, confidential space; that address their unique needs; that improve overall quality of life; and that enhance mental and physical well-being.

Behaviors

- ✓ HTN recommends that all adolescents be taught how to have healthy relationships, communicate openly, view their sexuality positively, and practice safe sexual behaviors. More specifically, all adolescents should be taught that:
 - It is possible for both heterosexual and non-heterosexual couples to have committed, monogamous relationships.
 - “Sex” and “Sexual Intercourse” do not refer exclusively to penile-vaginal intercourse. Discussion of safe sex should include information on all forms of sex, including anal, oral and vaginal sex.

Funding

- ✓ HTN recommends increased funding for:
 - Improved services and resources for LGBTQ youth and their families.
 - Increased advocacy on behalf of LGBTQ youth and their families.
 - Providing safe environments for LGBTQ youth to express concerns, gain support and live if their guardians’ home is not an option.
 - Conducting research on the physical and mental health needs of LGBTQ youth, especially transgender youth.
 - Building awareness of homophobia and transphobia to help reduce the number of LGBTQ youth who engage in unsafe sexual behaviors in order to “prove” they are not LGBTQ.

DEFINITIONS

Sexual orientation: an enduring emotional, romantic, sexual or affectional attraction to another person. [Many individuals feel that] sexual orientation exists along a continuum that ranges from exclusive homosexuality to exclusive heterosexuality and includes various forms of bisexuality. (xxxii)

Sexual orientation is different from sexual behavior because it refers to feelings and self-concepts; persons may or may not express their sexual orientation in their behaviors. The main categories used to describe sexual orientation are currently: heterosexual; homosexual, lesbian or gay; and bisexual. In this Advocacy Resource Guide, the terms pertaining to gender identity are male; female; and transgender. These words are found to be insufficient and confining by many who do not wish to be categorized, choose not to identify as anything at all, identify as “questioning,” or use the term “queer”.

Gender identity: a person’s inner sense of their maleness and/or femaleness.

Heterosexual: someone whose physical or romantic attractions are primarily or exclusively for people of a different sex.

RESOURCES

Advocates for Youth
www.advocatesforyouth.org

Gay, Lesbian and Straight Education Network
www.glsen.org

The Human Rights Campaign
www.hrc.org

National Coalition for LGBT Health
www.lgbthealth.net

The National Gay & Lesbian Task Force
www.thetaskforce.org

Parents, Families and Friends of Lesbians and Gays
www.pflag.org

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Homosexual: someone whose physical or romantic attractions are primarily or exclusively for people of the same sex.

Lesbian: a girl or woman whose primary physical and romantic attraction is for other girls or women.

Gay: someone whose primary physical and romantic attractions are for people of their same sex; gay women may also identify as “lesbian”.

Bisexual: someone whose physical or romantic attraction for another person is not necessarily dependent upon sex or gender.

Transgender: someone who identifies as transgender may be of one biological sex, but identify partially or completely as another sex. The term “transgender” describes a person’s sense of their own maleness, femaleness or a combination of the two rather than their sexual orientation or feelings of attraction. It is an umbrella term that often encompasses, but is not limited to: people who identify as transsexual, where the person may choose to alter their body surgically, either partly or completely, so that their physical body matches their inner sense of identity.

Queer: may be used by people who may find that the current language for sexual orientation and gender identity is insufficient or inaccurate to describe their sense of who they are and to whom they are attracted.

Heterosexism: similar to sexism and racism, heterosexism describes an ideological system that denies, denigrates, and stigmatizes any non-heterosexual form of behavior, identity, relationship or community.(xxxiii)

ABOUT HEALTHY TEEN NETWORK

Healthy Teen Network (HTN) is a national membership organization that provides resources and services to professionals working in the field of adolescent reproductive health – specifically teen pregnancy prevention, teen pregnancy, and teen parenting.

Healthy Teen Network believes youth can make responsible decisions about sexuality, pregnancy and parenting when they have complete and accurate information, resources, and support that are culturally relevant and appropriate to their age, gender, and developmental stage.

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